

diet of milk and vegetables and warm baths. In albuminuria due to syphilis, it is wise to give specific treatment in small doses, especially at first. In albuminuria of toxic origin the indication, above all, is to suppress the poison. The poison, however, is frequently of endogenous origin. In diabetes, for example, we may distinguish two forms, functional and organic. In the former we treat only the diabetes. In the latter both factors are to be treated. Here the diet of meat may be dangerous, and we must prescribe milk, vegetables, eggs, and a reduction of the chlorides. Excellent results may follow the administration of sodium arsenate, in dosage of  $\frac{1}{4}$  a grain per day, in connection with sodium bicarbonate. Gouty albuminuria also is of two varieties; in this we cut off milk, which is likely to increase intestinal fermentation. Meat diet, especially red meat, is to be avoided. Alcohol is harmful, but green vegetables are allowable. In the cyclic albuminuria of children, which may result in incurable lesions in the adult, overfeeding is to be avoided. Cardiac albuminuria, early or late, is found, both in the child and the adult. In the early form theobromine is indicated; in the tardy, digitalin. In the latter case, if the heart muscle is the seat of degeneration, the dose should be small. In the albuminuria of neurasthenics due to hepatic or digestive derangement, warm showers, lasting three to five minutes, are to be employed. In patients beyond middle life, albuminuria, with galop rhythm and tense pulse, is to be treated by a diet of milk and vegetables, theobromine, and small doses of digitalin prolonged for months at a time. Bouillon made from the kidneys of swine has given various results in the hands of various observers, probably due to the fact that an active preparation of this sort is difficult to obtain.—*Journal des praticiens*, 1904, Nos. 35 and 36, pp. 594 and 562.

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**Phosphoric Acid.**—DR. F. CAUTREE asserts that this acid produces especially good results in patients with urinary hypoacidity. In neurasthenic states, as well as in the various disturbances attendant upon pregnancy, and in chlorosis it is indicated. In arthritis patients good results are effected, providing the urine is watched for hyperacidity. In diabetes this manifestation should be guarded against also. In chronic rheumatism, as well as in arthritis deformans, the drug yields good results, as well as in eczema, psoriasis, acne, etc. In cachectic states, in convalescence, and in the anæmias of hot countries the acid acts well. In hyperchlorhydria it acts locally by restraining the secretion of hydrochloric acid and in hypochlorhydria it replaces the diminished or absent normal acid. It retards abnormal acid fermentations, aids digestion, and increases the pancreatic and duodenal secretions. The acid is never toxic, as is the metal from which it is derived, a conclusion at which the author has arrived after extensive use of it in therapeutics and animal experimentation. The dosage should never exceed 30 to 60 drops daily of a 36 per cent. solution of the anhydrous acid. Beginning dosage should be small.—*La Presse médicale*, 1904, No. 74, p. 588.

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**Anhydro-oxymethylene-diphosphoric Acid in Therapeutics.**—MM. A. GILBERT and A. LIPPMANN consider the salts of this acid are indicated, and have most excellent effect in all conditions in which there are pathological manifestations due to defective assimilation of phosphorus

from the digestive tract and all states in which general nutrition is defective. They prescribe the magnesium and calcium salts of the acid in dosage of about 30 grains daily for the adult. The agent possesses not only purely nutritive qualities, but also dynamic properties, which produce an excitation of the nutrition of the tissues of the cell of the organism. The authors report cases of chlorosis, pulmonary tuberculosis, prolonged convalescence from acute diseases, osteomyelitis, neurasthenia, etc., in which the exhibition of the salts of anhydro-oxymethylene-diphosphoric acid have given most excellent results.—*La Presse médicale*, 1904, No. 73, p. 577.

**The Treatment of Diabetes Insipidus.**—DR. B. STEIN, after trying various drugs recommended for this malady—valerian, antipyrin, arsenic, opium, atropine, etc.—with very little effect, has treated a very resistant case with subcutaneous injections of strychnine. After twelve injections the quantity of urine was diminished from 15 to 12 quarts daily, during the four following weeks it was progressively diminished to  $3\frac{1}{2}$  to 4 quarts; its specific gravity was about 1005. The polydipsia became less marked, and the body weight increased, and the patient, who had been able to walk only for a short time, became able to walk for from three to five hours. Healthy slumber also returned. The author commenced the treatment by injecting 0.015 grain of strychnine nitrate daily for five days, then after a remission of three days, 0.045 grain were administered for a week; then another three-day remission followed by a week of injections of 0.075 grain doses. During the fourth week 0.15 grain was injected. There were no ill-effects from the treatment other than pain at the site of the needle punctures. It is important to commence with small doses and to gradually increase them. The strychnine seems to act directly upon the disease, not alone upon the polyuria, but the reason for its action is difficult of explanation.—*Münchener medicinische Wochenschrift*, 1904, No. 36, p. 1606.

**Disinfection of the Gall-ducts and Internal Antisepsis.**—DR. F. KUHN has arrived at the following conclusions, after experiments upon the fermentation of the bile in the gall-ducts. All liquid bile which is produced through fistulæ ferments to a greater or less extent when allowed to stand in the test-tube for from twenty-four to sixty hours. Bile which is secreted during the internal administration of sodium salicylate, menthol, or thymol, ferments more slowly and to a less degree depending upon the character and dose of the drug administered. This anti-fermentative action needs a day or two for its establishment, depending upon the rapidity with which the drug is absorbed, and persists as long as the drug is administered. Experiments showed salicylic acid and its salts to be the most active agents in delaying biliary fermentation, and consequently to be the agents of choice in inflammations of the biliary passages.—*Münchener medicinische Wochenschrift*, 1904, No. 33, p. 1457.

**Diet in Hepatic Lithiasis.**—DR. W. CLEMM, having in mind the theory that bacteria will not thrive in a gall-bladder unless there is stasis of bile, advises prophylaxis and treatment through re-establishing normal secretion of bile by means of hygiene and proper diet. A proper diet is one rich in fat. Saponifying substances markedly influence